Uterine Lipoma – A Rare Entity

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Introduction

Pure lipomas of the uterus are an extremely rare entity. Most are postoperative chance findings following hysterectomy for leiomyoma. The more common lipomatous tumor is lipo-leiomyoma with varying amounts of the two components. Endometrial carcinoma with lipoma of the uterus makes an interesting but yet unproven relationship [1,2].

Case Report

A 65 years old postmenopausal woman presented with complaints of irregular menstrual bleeding and abdominal

lump gradually increasing in size of 1 year duration. She attained menopause at 50 years. Pelvic examination revealed uterus of 20-22 weeks. Hematological and biochemical parameters were within normal limits. USG revealed a well-delineated hyperechoic mass in the fundus of 5cms diameter. Endometrial biopsy showed scanty material with no evidence of malignancy. A hysterectomy was planned with a provisional diagnosis of uterine malignancy.

Laprotomy revealed enlarged uterus with a globular fundal mass. The mass was soft to firm in consistency and the surface was smooth and glistening with no adhesions. Both ovaries were atrophic. The hysterectomy specimen measured 10x6x6cm with globular enlargement of the fundus. Cut surface showed a well-circumscribed homogenous yellow intramural tumour 5cm in diameter with displacement of the endometrial cavity towards the lower pole (Fig 1). Histopathological examination showed thin atrophic endometrium. The tumor was composed of mature adipose tissue with an occasional arteriole. No smooth muscle cells or fibrous elements were seen within the tumor (Fig 2). Immunohistochemical analysis of the lipomatous tissue was negative for smooth muscle Actin and Desmin.

Discussion

Pure lipomas present with bleeding per vaginum in

Fig. 1 : Uterine lipoma - gross

Fig. 2 : Atrophic endometrium, myometrium and lipomatous tissue (10 x 10, H & E)

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postmenopausal patients. The more common lipomatous tumour is a lipo-leiomyoma and the largest series reported is of 10 cases, of which one was a pure lipoma and 9 lipo-leiomyomas [3]. The largest series of pure lipomas is of three cases [4]. The sporadic association of endometrial carcinoma with lipomatous tumour of the uterus is an interesting but statistically unproven association [1,2]. They are often misdiagnosed as sarcomas due to old age of patients, rapid progression of abdominal swelling, abdominal pain and the well circumscribed hypo echoic texture on USG.

The histogenesis of the tumor is controversial. Immunohistochemical analysis reveal these tumors to be of pure lipomatous origin. Some authors point towards an origin from pluripotential undifferentiated mesenchymal cells resembling fibroblasts [5,6,7].

The nomenclature of these fatty/lipomatous tumors are inadequate and no attempt has so far been made towards differentiating them into pure lipomas or lipoleiomyomas.

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